

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Shore PAC

ADDRESS (number and street)

P.O. Box 3157

☐Check if different
than previously
reported. (ACC)

Long Branch

NJ

07740

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00410308

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Warren Goode

Signature of Treasurer

Electronically Filed by Warren Goode

Date

12

06

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Shore PAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		2969.26
(b) Cash on Hand at Beginning of Reporting Period	15262.70	
(c) Total Receipts (from Line 19)	23000.00	59500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38262.70	62469.26
7. Total Disbursements (from Line 31)	31500.00	55706.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6762.70	6762.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Shore PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8000.00	25500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	8000.00	25500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15000.00	34000.00
(c) Other Political Committees (such as PACs)	23000.00	59500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23000.00	59500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23000.00	59500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	200.00
(b) Other Federal Operating Expenditures.....	1050.00	1050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1050.00	1250.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	44500.00
24. Independent Expenditure (use Schedule E)	0.00	256.56
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	300.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	300.00	300.00
29. Other Disbursements.....	2150.00	9400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31500.00	55706.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31500.00	55506.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23000.00	59500.00
34. Total Contribution Refunds (from Line 28(d))	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22700.00	59200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1050.00	1050.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1050.00	1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A. Full Name (Last, First, Middle Initial)
Heywood Knopf

Mailing Address 72 West River Road

City State Zip Code
Rumson NJ 07760

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.4296

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

Marshall Knopf

Mailing Address 11 Blossom Cove Road

City State Zip Code
Red Bank NJ 07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&M Knopf Auto Parts

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4301

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)

Mississippi Band of Choctaw Indians

Mailing Address PO Box 6090, Choctaw Branch

City State Zip Code
Choctaw MS 39350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4299

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Shore PAC

A.

Full Name (Last, First, Middle Initial)

Herbert H. Sambol

Mailing Address 173 Perry St. #12N

City

New York

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centerbrook Investment Co.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4304

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Shore PAC

Full Name (Last, First, Middle Initial)

A. Amer Soc. of Interventional Pain Physicians PAC

Mailing Address 2831 Lone Oak Road

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11C.4220

Amount of Each Receipt this Period

5000.00

Donation

Full Name (Last, First, Middle Initial)

B. Assn. of Trial Lawyers of Amer. PAC

Mailing Address 1050 31st St. NW

City State Zip Code
 Washington DC 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11C.4306

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Natl Multi Housing Council PAC

Mailing Address 1850 M St. NW #540

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11C.4307

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Shore PAC

Full Name (Last, First, Middle Initial)

A. Oral & Maxillofacial Surgery PAC

Mailing Address 9700 W. Bryn Mawr Ave.

City	State	Zip Code
Rosemont	IL	60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		2 8		2 0 0 6

Transaction ID: SA11C.4309

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Sheet Metal Workers Intl Assn. PAL

Mailing Address 1750 New York Ave. NW

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		2 9		2 0 0 6

Transaction ID: SA11C.4311

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steamfitters, Pipefitter & Apprentices 475 PAC

Mailing Address PO Box 4187

City	State	Zip Code
Warren	NJ	07059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		2 3		2 0 0 6

Transaction ID: SA11C.4308

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Shore PAC

Full Name (Last, First, Middle Initial)

A. Michael Beson

Mailing Address 20 Fells Way

City
Ocean

State
NJ

Zip Code
07712

Purpose of Disbursement
Compensation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21B.4380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Shore PAC

A. Full Name (Last, First, Middle Initial) Carol Gay for Congress		Transaction ID: SB23.4368 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 19 Main St.		Amount of Each Disbursement this Period <div>1000.00</div>
City Toms River State NJ Zip Code 08753		
Purpose of Disbursement Donation	<div>Category/Type</div>	
Candidate Name Carol Gay for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DCCC		Transaction ID: SB23.4356 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 430 South Capitol St. SE		Amount of Each Disbursement this Period <div>25000.00</div>
City Washington State DC Zip Code 20003		
Purpose of Disbursement Donation	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Stender for Congress		Transaction ID: SB23.4360 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
Mailing Address 14 East Green St.		Amount of Each Disbursement this Period <div>2000.00</div>
City Woodbridge State NJ Zip Code 07095		
Purpose of Disbursement Donation	<div>Category/Type</div>	
Candidate Name Stender for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

28000.00

TOTAL This Period (last page this line number only)

28000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Shore PAC

Full Name (Last, First, Middle Initial)

A. Kiirk Kerkorian

Mailing Address 150 S. Rodeo Drive #250

City
Beverly Hills

State
CA

Zip Code
90212

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.4363

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Shore PAC

Full Name (Last, First, Middle Initial)

A. Democrats 2000

Mailing Address PO Box 31

City Jamesburg State NJ Zip Code 08831

Purpose of Disbursement
Donation to Non Federal Cmte

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4372

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dempsy for Council

Mailing Address 75 Morris Ave.

City Manasquan State NJ Zip Code 08736

Purpose of Disbursement
Donation to nonfederal cmte

Candidate Name
Dempsy for Council

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4376

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Federal Election Commission

Mailing Address P.O. Box 979058

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
Late Penalty

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4358

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Shore PAC

Full Name (Last, First, Middle Initial)

A. Sayreville Democratic PartyMailing Address 3145 Bordentown Ave.
C1

City Parlin State NJ Zip Code 08859

Purpose of Disbursement
Donation to nonfederal cmte

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4378

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	6

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Sussex County Dem Cmte

Mailing Address P.O. Box 26

City Glenwood State NJ Zip Code 07418

Purpose of Disbursement
Donation to nonfederal Cmte

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4374

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

2150.00